

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90010 034 \*\*\*158.75

DOCUMENT # M43913

1. Corporation Name  
J & S IMPORT AND EXPORT CORPORATION

Principal Place of Business  
11400 SW 68TH CT.  
MIAMI FL 33156

Mailing Address  
11400 SW 68TH CT.  
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 P.O. Box 170360

2a. Mailing Address  
26 P.O. Box 170360

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 Miami FL

City & State  
28 Miami FL

Zip  
24 33017 Country

Zip  
29 33017 Country

3. Date Incorporated or Qualified  
12/29/1986

4. FEI Number  
59-2765223

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORNFIELD, CLIFFORD  
11400 SW 68TH CT  
MIAMI FL 33156

81 Name LINDA BABOUN  
82 Street Address (P.O. Box Number is Not Acceptable)  
7136 Ballantrae Ct  
83  
84 City Miami Lakes FL 85 Zip Code 33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Linda Baboun LINDA BABOUN 4-22-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST  
NAME MOURRA, SAMIR G  
STREET ADDRESS 8505 NW 165TH ST.  
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Samir Mourra  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 305 776 3238  
Date Daytime Phone #

CR2E034 (11/98)

0229347